

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
|                           | ER       |        | 9-28-01 |
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          |        |         |
| FORMALITY REVIEW          | FR       | 1018   | 10/5    |
| RESPONSE FORMALITY REVIEW | TA       | 111    | 1-30-02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
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| 16             | ✓    |
| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
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| 22             | ✓    |
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| 25             | ✓    |
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| 38             | ✓    |
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| 47             | ✓    |
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| Claim          | Date |
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| Final Original |      |
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| Claim          | Date |
|----------------|------|
| Final Original |      |
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| 150            |      |

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY

1020  
 01/23/01

364  
 10/23/01